

# ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL LIX

OCTOBER 1955

No 10

## ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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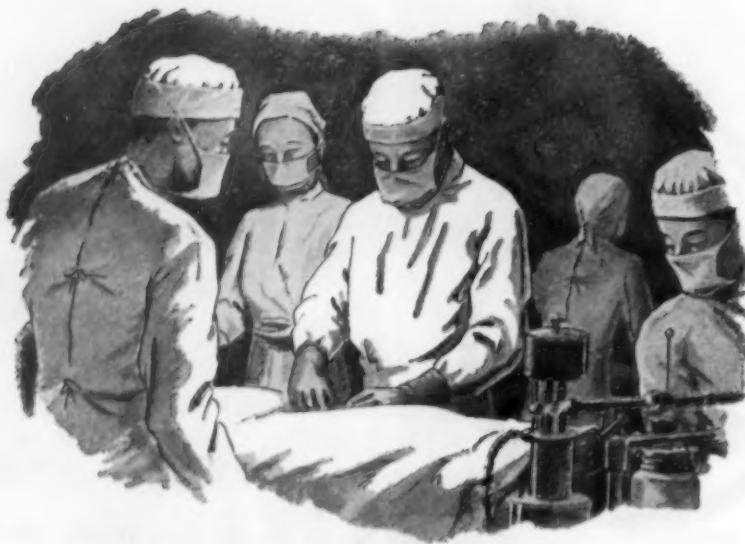
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REFERENCES:

1. *British Medical Journal*, (1942), 1, 224.
2. *British Medical Journal*, (1922), 1, 24.
3. *Med. Rec.*, (1942), 158, 315.
4. *Clin. Med. Surg.*, (1939), 46, 289.

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Take pen and ink and write it down.

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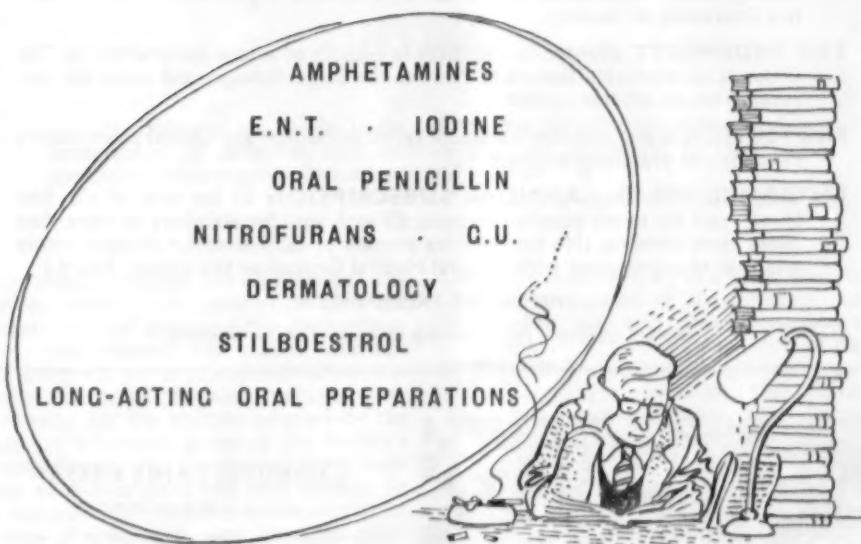
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# ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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## EDITORIAL

*The object of the Society is the reading and discussion of papers and the presentation of addresses and debates and the exhibition of cases and specimens relating to medical science and practice.*

—*The Laws of the Abernethian Society.*

THREE MONTHS AGO we had occasion to comment on serious shortcomings in both the management and policy of the Abernethian Society (this *Journal*, July, p.210). Our aim in so doing was not to pillory individuals, but to provoke change. We were, however, quite unprepared for the attitude adopted by the small but influential group of the Society's former officers, who condemned these comments as ill-considered and even vicious. In our opinion, this opposition stems more from a sense of inadequacy and wounded pride than from an objective assessment of the facts. Since it is becoming increasingly clear that any change in the conduct of the Society will have to be initiated by its rank and file members, we consider it necessary to counterbalance the rumblings of the Old Guard by setting forth the arguments of our Columnist in greater detail.

At the head of this page we have printed the object of the Society—its first law (the other member clubs of the Students Union are content with mere *rules*). This stated object has not changed in substance since 1832, when the Abernethian Society was founded on the ruins of the old "Medical and Philosophical"; yet the present activities of the Society are scarcely comparable with those of 50 or 100 years ago. Successive Presidents have chosen to interpret the object in varying ways, often without due regard to the Society's traditions. In particular, our examination of the Society's papers reveals that there has been a pernicious ten-

dency, exacerbated by two world wars, for an undue proportion of the Society's time to be taken up with "the presentation of addresses". It is this substitution of passive receptivity for active participation that is the chief cause for complaint. Our Columnist put the matter succinctly when he wrote, "The Abernethian Society as it is today would give no opportunity to a Paget".

During the 1954-55 session over two-thirds of the Society's meetings were devoted to addresses, some of which had no relation whatsoever to medical science and practice. There is nothing reprehensible in the lecture qua lecture and the Committee, particularly in the last two years, have taken considerable pains to see that these are varied and interesting; but the Abernethian Society used to be something more than an organization for the provision of visiting lecturers. Our point can best be made by quoting from *introductory* addresses given to the Society in former years. These are the words of the celebrated physician Dr. Samuel Gee:

"The most obvious purpose of a scientific society, I suppose, is the getting of truth: ours is a medical society, and our object is medical truth. Now it seems to me that medical societies may be of two kinds. First, there may be societies of men who are no longer students in the common sense of the word—men who know what is already known, and whose object is the winning of new truth out of the boundless world of the unknown. Next, there may be societies of men who are still students, commonly so called—men whose business is not so much to discover new truth as to make themselves master of the old."

"The Abernethian Society, whatever it may formerly have been, is now of the second kind rather than the first; that is to say, it consists in greater part of students, from whom we do not expect truths absolutely new, so much as truths which are relatively new—truths which are new to most of the hearers, or old truths arranged in a new fashion. The papers which are read here are almost always, and almost necessarily, of this kind. We are not ashamed here of old truths. We welcome the new, but, as I said before, we do not much expect them; for, in Milton's words, "Our wings here are fledgling; we may meditate a future flight, but our Pegasus soars as yet on feeble pinions."

"Our wings, our Pegasus. I have hinted, before I meant it, at another, and indeed at the chief, use of our Society. Hereafter I will speak of this topic more at large, but let me say now, that if the Abernethian Society did nothing more than scatter a few truths abroad, it would have small reason to show for its existence. But ours is a dialectic society. We discuss the papers we read; we question, doubt, deny; we look at a reputed truth, whether new or old, from all points of view; we confront it with contrary and contradictory truths; and in doing so we strengthen the very spirit of truth itself. Under this discipline our wings grow strong, and our Pegasus comes to soar on pinions which carry him up to the very sun of truth. . . .

The Abernethian Society is a discussion society, and this is its chief use. For discussion is the great means of developing the spirit of truth which is within each one of us. . . . The Abernethian Society will probably afford you the only opportunity which you will have in your life of cultivating your powers in the way I have spoken of, namely, by discussion. I invite you all to join it; I would even urge you all to join it, because I am confident that you will find it to be for your good."

The whole of this remarkable and delightful address may be found in the *Hospital Reports*, XIII, pp.313-26. Dr. Wickham Legg had this to say about the objects of the Society (taken from the minutes):

"He began by pointing out that in all education there were two kinds of knowledge to be imparted, first, the mere storing of facts; second, the digestion and assimilation of facts; the first, a mere exercise of the memory; the second, the exercise of the higher faculties of the mind. For the first there were the lectures, demonstrations, class examinations, medals, and academical rewards, while for the second there was at St. Bartholomew's the Abernethian Society, in which the student who had learnt his facts was taught to ponder over and reflect upon the ideas that he gained. The Abernethian Society being, in fact, an intellectual gymnasium, in which the mind was trained and exercised, just as it was in the disputations and exercises of the mediaeval universities.

Finally, here is an extract from the minutes of an address given by Mr. Power:

"The speaker proceeded in the first instance to point out the objects of the Society, which were, he said, first, to be the means by which cases of interest occurring in the Hospital might be brought under the special notice of the students, particular methods of treatment described, the practice of

different surgeons compared, and general interest in the internal life of the Hospital awakened; secondly, to be the means of promoting habits of exact observation in those commencing professional life, and of inducing them to make some efforts toward original research and incidental advantage by no means to be overlooked was the acquirement of the art of debating, a process that required much practice and experience in the speaker, and much patience in the hearers."

Even the most prejudiced supporters of the present day Society can hardly claim that it is an intellectual gymnasium. The Society's decline, for such we take it to be, can be ascribed to many causes. Jeremiads have invoked apathy (does the reader know that only last year the Students Union appointed a committee to investigate this baneful, if somewhat nebulous, disease?); while others of a more practical nature have spoken of examination fever, televisionitis and a general desire for spoon-feeding. These explanations may or may not contain some element of truth. It is, however, our contention that the decline is due in part to mismanagement.

The Committee is surely mistaken when it equates success with large attendances at lectures; for the real business of the Society, so eloquently stated by Dr. Gee, has been neglected. It is useless for the Committee to protest that they are unable to persuade students to read papers or to take part in discussions. The Junior Osler Club was formed in 1952 expressly for this purpose. Here are two extracts from its charter: (1) "It is not the purpose of the Club to draw great audiences by having celebrated speakers, but rather to rely upon our members to write their own papers and read them to and discuss them with the other members of the Club." (2) "If there is a noble aim, it is to encourage ourselves to think, to research and to write upon the broader aspects of medicine, and in doing so to gain both knowledge and amusement." Members of this flourishing Club actually do read and discuss their own papers. It is not difficult to infer why the Club was formed, though it seems a pity that the traditions of Abernethy can only continue under the aegis of a foreign deity.

The recent formation of a pre-clinical Physiological Society again draws attention to the inadequacy of the Abernethian Society's programme. The Committee claims pre-clinicals are not interested in their meetings. This is hardly surprising when one considers the precarious nature of the liaison

between the two. If the Committee contained three or four pre-clinical members this difficulty might well be overcome. In view of the fact that a first year student once brought resounding fame to the Society, their present treatment of the pre-clinicals is most shameful.

To summarize: We consider there has been a loss of prestige with a consequent loss of interest in the Society due, in the main, to successive committees who have failed to implement its object. In order that our criticism may not be considered as merely destructive, we venture to make the following suggestions:

- (1) The Committee acquaint themselves with the Society's traditions.

- (2) The Committee should be representative, i.e. contain members from each clinical year and, in addition, three or four Charterhouse members.
- (3) Let there be fewer lectures; but *more* Clinical Evenings, *more* debates, *some* exhibitions of specimens and objects of interest, and *some* papers read by students with time for discussion.
- (4) The Junior Staff used to take an important part in the activities of the Society. Cannot they be persuaded to do so again? They could, for example, discuss the research work that is being carried on in both clinical and pre-clinical departments.

### Congratulations

to Dr. E. F. Scowen, on his appointment as Director of the Medical Unit.

to Dr. R. Bodley Scott, on his appointment as Physician to Harvey and Luke Wards.

to Mr. G. W. Taylor, on his appointment as Assistant Surgeon to the Surgical Unit.

### Journal Staff

Mr. G. D. Stainsby has been appointed Assistant Editor.

### Extension to College Hall

Seven more rooms on the first floor became available for students on October 3rd. These were previously occupied by the resident domestic staff, who have now moved to the two floors that have been added above the kitchen, at the north-east corner of the block. The staff moved early in September in order to leave time for re-decoration.

The total number of students living in College Hall, which is still the finest hall of residence in the University, is now at the century mark, eighty three men and seventeen ladies.

### Dramatic Society

On Thursday and Friday, November 17 and 18, the Dramatic Society is hoping to produce Oscar Wilde's comedy "The Importance of Being Earnest." An audition meeting to read the play and select the cast was held early in October in the Recreation Room, College Hall. About 30 people attended and after an enjoyable reading the cast was selected by the producer, Robert Sheaf (who produced "Captain Carvallo" so well two years ago).

Tickets will be on sale at the beginning of November. They may be obtained by post from the Business Manager, St. B.H.D.S., St. B.H., E.C.1. Offers of help in the selling of tickets and programmes will be gratefully received, and the Society looks forward to good support from everyone and a full house on each night.

### The Journal

Contributors are reminded that the *Journal* goes to Press on the 1st of the month preceding that of publication. Articles, sports reports and notices *must* reach the *Journal Desk* on or before the 1st of the month in order to be included in the ensuing number. Contributors are urged to make their writing legible, to leave wide spaces between the lines and to use only one side of the paper.

### Professor Christie

Bart's has been distinctly unlucky with its Professors of Medicine; Professor Witts was charmed away to Oxford by Lord Nuffield, and now his successor, Professor Christie, has succumbed to the blandish-

certainly looked young, but then he still does (the unconvinced should compare this photograph with those in the May *Journal*, p.133). If we were doubtful once, we are now sure; but to correct any impression that the *Journal's* deep-dyed conservatism in this matter lingers on, we will hasten to add that



*Professor Christie*

ments of McGill University in the New World. It really is too bad.

Professor Christie came to Bart's a few years before the war and his modest yet unhesitant manner soon gained him affection and respect. The *Journal* remained a little quizzical, however; for the photograph on this page—a Candid Camera study originally published in 1939—was given the mildly irreverent caption, "This Chair takes some filling. What?" The Professor

Professor Christie now shares our fullest approbation, and indeed has done so for many years. He is in fact most popular and we are all sorry to see him leave.

Quite a large number of students found time to meet in Garrod Ward for the farewell teaching round. After inviting us all to be seated as "cerebration is best in a relaxed position," the Professor led us delightfully up the garden path over the interpretation of the physical signs of (as we thought) a

bronchiectatic chest. Our disillusionment was complete when, during the discussion in the path. room, X-rays were produced that showed a large and ominous shadow. "All very revealing." There is no doubt that Professor Christie's power as a teacher rests on his remarkable lucidity; one never fails to consciously realize that one has learnt a great deal at the end of one of his ward rounds or lectures.

He sailed for Montreal in late September to take up his new appointments at McGill University: Professor of Medicine, Chairman of the Dept. of Medicine and Physician-in-chief of the Royal Victoria Hospital. He is, of course, no stranger to McGill, for he held a research post there in the early thirties, gaining a Master of Science degree in 1933.

We shall miss him, and, despite the skiing and skating, hunting and canoeing, we feel sure that there is one thing he is going to miss too—the good old London smog.

#### Professor E. G. D. Murray

Professor Christie's arrival at McGill coincides with the retirement of an old Bart's man, Professor Murray, from the Chair of Bacteriology and Immunology.

After the 1914-18 war, in which he gained the O.B.E., Professor Murray returned to Bart's to take up a post as demonstrator in pathology. He later became a Fellow of Christ's, Cambridge, his old university, and it was not until 1930 that he moved to Montreal.

Our Canadian Correspondent has sent us Press cuttings describing the ceremony held in June by the University of Montreal, at which he was conferred with the honorary degree of Doctor of Medical Sciences. The Rector, Mgr. Maureault, P.A., was much impressed by Professor Murray's achievements, for in the course of the citation he remarked: "Nous n'avions qu'une idée vague de l'activité qu'il déployée au cours de ses quarante années de profession. Les six pages de papier-ministre, bondées de faits et dates, que j'ai eues entre les mains, m'ont rempli d'admiration et de cette sorte d'étonnement que les Anglais traduisent par le mot 'awo' . . ."

Under the guidance of Professor Murray the Department of Bacteriology at McGill has become one of the finest in Canada, while his own work on meningitis has earned him the Flavelle medal of the Canadian Royal

Society. But his interests range far outside the fields of medicine and biology; he has, for example, been a member of the Montreal City Council since 1947. He is also, we are told, "one of the most colourful personalities on the McGill Campus" (The image of eye-offending tartan shirts springs irresistibly to mind).

We wish him well in his retirement.

#### THE LIGHTER SIDE

Our request for amusing letters and incidents produced a fair response, principally from the General Practitioners. All the stories we received were amusing, but the possibility of intervention by the Postmaster General prevents us from publishing some of the choicer ones. If the supply continues—and there must be many readers who possess scores of such drolleries—we hope to publish a selection each month.

#### Economy versus Health

The following letter, addressed to "St. Bartholomew's Hospital near Old Bailey," eventually found its way into the capable hands of Sister Surgery:

Dear Madam,

*I am very sorry that I cannot come as the fare money is 2/8 so it is not worth it.*

*Yours sincerely,*

— (Mrs.)

\* \* \*

#### Diagnosis please

Dr. C. J. Hart had to make up his mind about this one:

*Dear Sir my boy stay it hurt him to pass is water he keeps wanting to go only does a little at a time and it hurt he once today he said there was a spot or two blood he may have a cold or some think in back send shilling up friday night.*

*Yours Sincely,*

— (Mrs.)

\* \* \*

#### Inside information

Dr. D. J. Batterham of Devonshire writes:

"An ex-patient of mine, a teenager and proper simple (as they say in Devonshire), had just been discharged from hospital after an unfortunate attack of *salpingitis*.

She attended at the Surgery for her weekly N.H.S. certificate. When she was asked

what disease the hospital doctor had written on her first certificate she replied: 'I couldn't read his writing very well, but I think he wrote *Saturdaynitis*.'

This story is quite true, and she didn't mean to be funny!"

## NOTICES

### Lectures on General Practice

*Tuesday, November 1, at 12 noon.*

Dr. Lindsey Batten of Hampstead will give a lecture in this series entitled:

THE ESSENCE OF GENERAL PRACTICE  
in the Hospital Lecture Theatre.

\* \* \*

### Junior Osler Club

*Monday, October 17, at 7.45 p.m.*

Dr. A. W. Franklin will speak on:

SIR WILLIAM OSLER  
in the Music Room, College Hall.

\* \* \*

### Abernethian Society

*Thursday, October 27, at 5.45 p.m.*

Dr. G. O. Barber of the College of General Practitioners will speak on:

A DAY IN COUNTRY PRACTICE  
in the Physiology Lecture Theatre, Charterhouse Square.

*Tuesday, November 15, at 5.45 p.m.*

Sir Geoffrey Keynes will speak on:

WILLIAM HARVEY  
in the Recreation Room, College Hall.

\* \* \*

### Physiological Society

*Monday, October 24, at 5.30 p.m.*

Surgeon Commander W. H. B. Ellis will speak on:

SOME PHYSIOLOGICAL ASPECTS OF FLYING.

*Monday, November 7, at 5.30 p.m.*

Professor G. B. Verney will speak on:

THE WORK OF E. H. STARLING.

In the Physiology Lecture Theatre,  
Charterhouse Square,

### Wessex Rahere Club

The Autumn Dinner will be held at Fortts Restaurant, Milsom Street, Bath, on Saturday, October 29.

It is hoped that Mr. Ogier Ward will be present as Guest of Honour.

Membership of the Club is open to all Bart's graduates practising or resident in the West Country; there is no subscription. Further details will be circulated to members and to any other Bart's men who are interested and who will get in touch with the Hon. Secretary, Mr. A. Daunt Bateman of 11, The Circus, Bath.

\* \* \*

### The Tenth Decennial Club

The Annual Dinner of the 10th and associated 8th and 9th Decennial Clubs will be held at the Bath Club, 74, St. James' Street, S.W., on Wednesday, October 26, 1955, at 7 for 7.30 p.m.

Dr. Lindsey Batten in the Chair.

\* \* \*

### Church of England Chaplain to Medical Students

The Bishop of London has appointed the Rev. R. C. R. Mander as chaplain to the students of the twelve Teaching Hospitals in London. The Chaplain would like to meet as many students as possible—particularly those coming up for their first term—but, to a great extent, he must rely on people getting in touch with him. His centre is the C. of E. Chaplaincy to the University of London, 13, Woburn Square, W.C.1 (MUSuem 5572).

From Sunday, October 16, Christchurch, Woburn Square, will be used by the Chaplains as a church for the student population of London. The Sunday services will be at 9 a.m. and the special course of Sermons at 8 p.m.

\* \* \*

### Alpine Club

There will be a meeting of the St. Bartholomew's Hospital Alpine Club on Tuesday, November 8, at 8 p.m.

Dr. Cullinan has kindly invited all past members and all those interested in joining the Club to meet at his house. Details of the meeting will be posted.

## “BOWLBY AS I KNEW HIM”

by REGINALD M. VICK

WHEN I arrived at Bart's on October 1, 1906, committing the appalling solecism of driving into the Square at 1.30 p.m.—where only the carriages of the senior consultant staff were allowed—Bowlby had been a full surgeon for three years. The lectures of the Senior Surgeon at that time were so Rabelaisian in character that students had to queue up to get in. Bowlby was, then, 51 years of age.

His father, Thomas William Bowlby of Durham and Darlington, who was at one time surgeon to the 73rd Regiment had, ultimately, become Correspondent to *The Times* in China. While acting in that capacity, he was taken prisoner by the Chinese and about a week later died in captivity after great suffering. His body was brought to the English Camp and he was buried in the Russian Cemetery on October 17, 1860. At that time Bowlby was only five years old, but I do remember to have heard that *The Times* ever afterwards took an interest in the education and career of this boy.

He was educated at Durham School and came straight from there to Bart's in 1876. It should, therefore, be noted that he was a North Countryman and this may well have accounted for some of his characteristics, such as determination and tenacity of purpose. He qualified as M.R.C.S. and L.S.A., which was the custom of those days, in 1879. Like so many successful surgeons before and since, he was a keen Rugger player. There is no record of his obtaining an entrance Scholarship as the result of his prowess in the Rugger field. That practice came later, for he obtained the Brackenbury Scholarship in Surgery. He became F.R.C.S. in 1881 and, that year, he was appointed Curator of the Museum which at that time was recognized as one of the paths to the staff. He held this post for three years and, in 1884, he was appointed Surgical Registrar, which meant his ultimate election to the Surgical staff. While Curator of the Museum

he conceived the idea of writing his successful book *Surgical Pathology and Morbid Anatomy* which held the field as a standard text book for many years.

He was elected Assistant Surgeon in 1891 and full Surgeon in 1903. In 1899, he went as Senior Surgeon to the Portland Hospital in South Africa, where he was associated with Sir Cuthbert Wallace—and acquired his knowledge of Military Surgery, which stood him in such good stead in the Great War. In 1901, he published *A Civilian War Hospital* in which he gave an account of his experiences.

In 1904, he was appointed Surgeon to the Household of King Edward VII and, in 1910, Surgeon in Ordinary to King George V.

In 1905, he became a member of the British Red Cross Society Council — then newly formed—and this Society became one of his greatest interests to the day of his death.

In 1906, he joined the Territorial Army as Major R.A.M.C.T. being attached on Mobilization to the First London General Hospital, which was staffed from Bart's. However, as soon as the War came, he offered his services to General Headquarters and was sent as Consulting Surgeon to the Forces in France in September, 1914. He was given the rank of Major General.

On the formation of the Second Army, Sir Cuthbert Wallace was appointed Consulting Surgeon to the First Army and Bowlby to the Second Army. Later, with the adjustment of the staff owing to the establishment of additional armies, new consultants were sent out and Bowlby became a Super-Consultant and General Adviser to the Director General, Army Medical Services. After the retirement of Sir George Makins he became Adviser in Surgery to the whole of the British Area, Front and Base.

My first memories of Bowlby are vivid. In those days surgical consultations at Bart's provided one of the outstanding entertainments of the week. No dresser would have

An address to the Osler Club of London on May 20th, on the occasion of the Centenary of his birth.

dreamed of missing them. They were held at 1.30 p.m. on Thursdays in the old Theatre "A" which besides being one of the largest lecture Theatres in the Hospital was, also, an operating Theatre. When consultations were over the floor was cleared and operations started. Later, Surgical Consultations moved to the present surgical Outpatient Department. Although only three years a full surgeon in 1906, Bowlby's surgical opinion was one of the best of the lot. While Sir Henry Butlin (who still rode to the Hospital on his black horse with its long tail) was brilliant, while Lockwood was cynical, Bowlby was dogmatic and definite, and rarely wrong. He always expressed himself with a clarity which appealed to the students.

I can remember two stories about Bowlby in consultation — both of them, curiously enough, associated with Mr. McAdam Eccles. On one occasion, Eccles showed a man with a vastly distended abdomen. When Bowlby came to examine the patient he discovered a small puncture mark on the front of the patient's abdomen. He asked Eccles what this was and Eccles replied: "Ah ! I am not going to tell you until you have expressed your opinions." Bowlby answered, "If Mr. Eccles knows what is the matter with the patient he should tell us. I have not come here to take part in a guessing competition," and he refused to take any further part. The patient's abdomen was almost entirely occupied by an enormous hydatid cyst.

On another occasion, Eccles asked his colleagues to go and see a patient in one of his wards, who was too ill to be moved from his bed. Bowlby went to the ward surrounded by his dressers and examined a man with advanced arthritis of his knee. He then said, "I should try Bier, Eccles," to which Mr. Eccles replied, "We don't have beer in my wards, Sir Anthony." Bowlby's answer was "Bier, Eccles, Bier" [Bier's passive congestion].

In those far off days it was not the custom for dressers to go round with other firms. It was looked upon as almost a disloyalty to do so. This was, of course, a most unfortunate tradition, long since dead. But the result of it was that I had very little knowledge of Bowlby as a clinical teacher. I do remember his clinical lectures which were wonderful. At that time, the routine surgical lectures were given by the two most senior surgeons and were insufferably dull.

At one time, when I was a Demonstrator of Pathology, I was for seven weeks a patient in a nursing home to which Bowlby sent his patients. Hardly a morning passed without his popping in with a cheerful story or a bit of news, which provided a great relief to the tedium of the day.

During the 1914-1918 War I got to know Bowlby better. When my Field Ambulance was in Ypres in 1915, he visited us regularly always bringing around advice and, even, urgently needed splints. It is interesting to record that, in those days, Thomas's splints were not included in the equipment of a Field Ambulance. I remember his telling me one day that, although he was consulting surgeon to the Army he was never told when or where any battle was to take place. This official secrecy was later abandoned, and soon the consulting surgeons knew where the next battle was to take place almost as soon as the Germans themselves. Bowlby was always a great friend to young men—all young men—but especially as in private duty bound to young Bart's men. One day he came to see me and said "You do want to get on to the staff of Bart's after the War don't you ?" When I said that I hoped so, he went on: "Well, in that case you must stay with your Field Ambulance; I will get you appointed surgeon to the Casualty Clearing Station at Poperhinge, and you will be one of the first Fellows of the College to operate in the Front Line." But it was not to be. As soon as the project was mooted my C.O. and the A.D.M.S. of my division went to Army Headquarters and very soon an order came out: "*In future, no Territorial Officer will be moved from his Unit without direct permission from Army Headquarters.*"

I did not leave my Field Ambulance for the Base until late 1916 and Sir Thomas Fairbank, the famous orthopaedic surgeon who was in the same unit, was in charge of mules until September of that year. I ought, perhaps, in fairness to say that we did not mind very much. We were all friends together in our own Territorial Field Ambulance — four surgeons including Ernest Wagget the E.N.T. Surgeon, who never left it, and Julian Taylor.

It was during the War that Bowlby rose to his greatest heights. To say that he enjoyed every minute of it would be an exaggeration, but he was happy doing the work he loved. One of his finest bits of work was due to his



SIR ANTHONY A. BOWLBY, K.C.B., K.C.M.G., K.C.V.O., D.S.M., F.R.C.S.  
(From the portrait by Sir William Llewellyn)

insistence that surgery should be done at the front, and it was due largely to his efforts that the Casualty Clearing Stations were changed from relatively small units into large hospitals where major surgery could be done. There is no doubt that this early surgery, for the inception of which he was to a great extent responsible, saved the lives and limbs of thousands of wounded men, and was one of the chief reasons for the commendations of the medical services in that War. How pleased he would have been to see the organization of surgery at the Front in Hitler's War.

At Bart's Bowlby was known as the "Baron"; during the War, he became the "Baron of Bapaume." Sir William Osler once described him as the "Great Consoler," as it was so often his painful function to report the death of their sons to so many of his friends. He was uniformly cheerful—and apparently never had any doubt who was going to win the war. He was a great purveyor of rumours—all exciting, but perhaps not always true.

His connection with the Royal College of Surgeons was long and distinguished. He became a Councillor in 1904, and served without a break until 1920, when he became President. He delivered the Bradshaw lecture in 1915 on "Wounds in War" and was Hunterian Orator in 1919, when he reviewed military surgery from the days of Hunter until that date.

When he came back from the War he never resumed active work at Bart's. But he was a regular attendant at Surgical Consultations and you may well imagine with what awe we regarded him. He continued to live a very active life as Chairman of the Radium Institute, Chairman of the Board of Management of King Edward Convalescent Home for Officers at Osborne and as a working member

of the Executive Committee of the British Red Cross Society. He was knighted in 1911, created K.C.M.G. in 1915, K.C.V.O. in 1916, K.C.B. in 1919 and a Baronet in 1923—the year of the Octocentenary of Bart's. A portrait of him by Sir William Llewlyn, R.A., was presented by his past students and his colleagues, and stands in the Great Hall at the Hospital. He is wearing the uniform of a Major General.

Bowlby was a man of keen intellect and strong character. If he believed a thing to be right he proceeded with a quiet determination to carry it out. He was a practical teacher with a knack of making his points. It is said that he wrote with difficulty. He was of medium height, of a slight build and very active. He had been a keen Alpine climber. He made friends very easily and retained the friendship of hundreds of his old students who looked upon him with affection and veneration. He worked for years with Sir Thomas Smith and Professor Howard Marsh—the last Professor of Surgery at the University of Cambridge—and modelled his work upon them. His undoubted success in private practice was due to his sound judgment, which was his outstanding characteristic. He died in 1929, while on holiday at Lyndhurst, at the age of 73.

This is my picture of Bowlby as I knew him and I hope it has given you some idea of the man and his work. In those days the students and the junior staff looked up to the staff as Olympians. We certainly looked up to Bowlby as some one far above us—to be reverenced, admired and loved. And you can imagine our joy when he stepped down from the clouds and came among us, as he so often did. It is the custom to-day for the older generation to say that such men do not exist now. This may or may not be true, but it is certainly unfortunate that there are not more people like Bowlby.

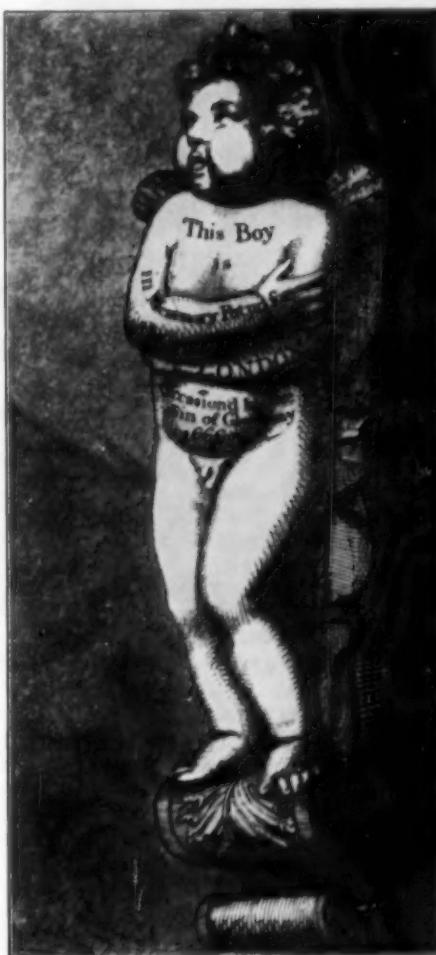
## THE GOLDEN BOY

At the corner of Cock Lane and Giltspur Street, high on the wall of the office buildings, there is a small, plump, gilded boy. You can see him from the Abernethian Room. He stands on a stone platform, is two feet eleven inches high, and is carved out of a solid piece of oak. No one we spoke to seemed to have a clear idea of why he was there, or what he symbolised, and at length our curiosity led us to investigate.

The earliest reference we were able to find, was a picture of him in Pennant's *Account of London*, published in 1791. This shows him with wings, a cloak, and the inscription across his chest, arms, and tummy 'This Boy is in Memory Put up for the late Fire of London Occasion'd by the Sin of Gluttony 1666.' Part of the cloak remains, but no trace of the wings, or of the inscription, can be found today; according to another reference, the wings were present in 1816, painted yellow. The present day figure differs in yet another detail from the print in Pennant's book; if we accept the detail of that drawing, and believe that this is the same Golden Boy, we must try to explain this. We suggest that perhaps the Victorians preferred the fig-leaf.

The district around the east end of Cock Lane used to be known as Pye Corner, and until 1910 there stood at the corner, a public house, called 'The Fortune of War.' The Golden Boy used to stand on the wall of this pub, facing the Hospital. There is a water-colour by Appleton, dated 1890, in the writing (gramophone) room, College Hall, which shows 'The Fortune of War' and the Boy. The pub had an infamous reputation, for it was the house of call for those resurrectionists who supplied Bart's surgeons with subjects for dissection. It was pulled down in 1910, and on the 8th June of that year, in the City Surveyor's Report, it was 'Ordered that in the new lease of the premises in Giltspur Street on which the sign was originally exhibited, Mr. Comptroller do insert a clause requiring the lessee to re-erect and preserve the figure, and re-gild it every five years.' Such a covenant, expiring in 2009, was put in the lease to Foster Estates Ltd., the present owners of the site;

when the offices were built the Boy was placed in his present position. During the war he was removed to the Central Criminal Court, for safety; he was re-gilded and restored to his old position early in 1946.



*The Golden Boy in 1791*

In 1949, the City Authorities took over the responsibility of his upkeep, and they now pay for his five yearly gilding.

The origin of the Golden Boy is still shrouded in mystery. In the *Vade Mecum for Maltworms*, which was written about

why the figure of a small boy was chosen. A small boy wanted a piece of cake, but his mother would not let him have any; in a fit of temper he set fire to his mother's house in Pudding Lane (where the Fire began), and ran away. He was pursued and



THE GOLDEN BOY

V. MAJOR

1715, 'The Fortune of War' is mentioned as a well-known tavern, but nothing is said about the Boy. A naked boy was often used as a trade-sign by clothiers, undertakers and coachbuilders, and it is known that such tradesmen lived in the neighbourhood at the time of the Great Fire. Originally he may have been such a sign, the inscription being added later. However, the inscription does say that the Boy was put up to commemorate the end of the fire at Pye Corner, and there is an ingenious legend which explains

eventually caught at Pye Corner; as punishment he was thrown into the flames. Needless to say no evidence could be found to support this heartless story.

There is little doubt that the Great Fire began near Pudding Lane and came as far as Pye Corner. On these two facts, a Nonconformist Divine, preaching at an anniversary of the catastrophe, based his sermon. "The Calamity could not have been occasioned by the sin of blasphemy, for in that case it would have begun in

Billingsgate ; nor lewdness, for then Drury Lane would have been first on fire ; nor lying, for then the flame had reached the City from Westminster Hall. No, my beloved, it was occasioned by the sin of gluttony, for it began at Pudding Lane and

ended at Pye Corner.' (Burn's *Tradesmen's Tokens*).

We would like to thank the staff of the Guildhall Library and Art Gallery for their help, and for permission to reproduce the drawing.

G.D.S. AND D.T.

## RAHERE AND THE MISSING BOOK

OUR KNOWLEDGE of the foundation of St. Bartholomew's Hospital and of the Priory of St. Bartholomew is largely based upon a manuscript preserved in the British Museum, the *Liber fundacionis ecclesie Sancti Bartholomei Londoniarum*. The manuscript was written about the year 1400 and contains two versions of the same work: a Latin original and a Middle English translation. The former is itself a transcription of a work composed in about 1180 by a canon of the Priory who, though not directly acquainted with Rahere, says that he talked with those who remembered him.

After describing Rahere's journey to Rome, his vision and the difficulties which beset the foundation of the Priory, the canon sets down a number of miracles and miraculous cures associated with Rahere and the Priory, of which the following, chapter XIV of book I, is an example. The Middle English version given here should present no difficulties to those familiar with Chaucer's Canterbury Tales (Chaucer died in 1400). The meaning of unfamiliar words will become obvious if they are read aloud.

"This nat unprofitably byfore tastid, lette us draw nere to the narracion of myracles."

### OF THE ANTHYPHONER

A CERTEYN MAN toke a way a boke from this place, that we callith an antiphonere, the whiche was necessarie to them that schulde syng ynne the chirche, in that specialy that ther was nat at that tyme grete plente of bokys, in the place. Whan it was sowghte besily and not i fownde, it was teltid to Rayer the priour what was done of thee boke and he toke this harme with a softe herte paciently. At nyghtys tyme, whan as he was ynne his chambre to take his reste the glorious apostle of God, Bartholomew spake to hym and seyid, "sey Rayer, what is that, of whoeys loste, me presente, thus ye playne." And he seid "syr thy clerkis hadde a profitable boke to them, in the whiche to the honoure of God and of the, in the holy temple of thy glorie they were wownte to syng; and now yf it be hidde yn ony place, or stolyn a way, they know nat." "In the mornynge eerly commaunde thyn hors to be redy, and hastly entre the cite and whan thou cummyste yn to the Jewes Strete, spare thy sporys, lose thy brydyll lette thyn hors to my governaunce, and yn to what howse thy hors willfully putte yn his fote, know welle of me, ther thy boke schall be fownde. Dowte no thyng, prudently and constawntly inquyre." No more this i seid yn a moment he disparisshid. Rayer yn the mornynge slyd owt of his bedde, and diligently all that was commaunde hym he executid, and with the enemyes of pees he spake pesibly; and the boke that he sowghte he fownde, and tok hit and brought hit hoome.

## A HISTORICAL SURVEY OF MEDICAL ETHICS

(Continued)

by ROBERT FORBES

Let us take a concrete case of the conflict between the law and professional etiquette. A doctor may become aware that another practitioner has committed an act against a patient professionally assessed as wrongful. The community, through its legislature or statutes or judges or guardians, may demand that he speak and denounce what he has seen in order that the crime may not go unpunished, while professional etiquette bids him preserve silence. The law may, on certain occasions, insist on his divulging the information he has acquired, but in so doing he should avoid securing any commercial advantage over his brother practitioner or laying any accusation or counter-charge which would bring the profession into disrepute.

Professional secrecy is one of the most striking principles which underlie Percival's *Code* and also previous codes of ethics. It is a well-settled principle of modern medical ethics that a physician should hold inviolate the confidence of his patient which he had to obtain for a proper understanding of the case, and that he should not, by reason of superior special knowledge, give countenance to suggestions of a scandalous nature, especially about women.

The sad and cruel consequences of a failure to observe this last rule are exemplified in the celebrated case of Lady Flora Hastings, a lady-in-waiting at Queen Victoria's Court. In 1839 Lady Flora was on duty at Court performing the functions of a lady-in-waiting upon the Sovereign when her appearance suggested to some of her associates that she might be with child. One of them reported her suspicions to Sir James Clark, the Court physician, who at once fell in with the insinuation, and, after catechizing her, intimated that she "must be privately married, or at least ought to be so." This Lady Flora indignantly denied, and, to vindicate her character, demanded a consultation. Lord Melbourne reluctantly permitted a medical examination to be made, which at once established her chastity. Sir

James Clark and Sir Charles Clarke, the consultant, certified that:

"There are no grounds for believing that pregnancy does exist, or ever has existed." Lady Flora survived this humiliating ordeal only a few months. Sir James Clark, the Court physician, should have been more alert and circumspect, and by the observance of that prudence and delicacy which should ever characterize the physician in dealing with such conditions, he could have saved the lady and her friends much anguish and distress.

Another illustration of the consequences which may result from a doctor's tactless remarks is to be found in the noted case of *Kitson v. Playfair and wife* in 1896. In this case Dr. Playfair told his wife that Mrs. Kitson had had a recent miscarriage, although she had been away from her husband considerably more than a year, and the verdict given strengthens and fortifies the great doctrine of the preservation of the confidence of patients. Mrs. Kitson was the wife of Mrs. Playfair's brother. Mr. Kitson was not prosperous, and his brother gave him an annual allowance of £500, which, as a result of Dr. Playfair's unfortunate and damaging statement to his wife, was discontinued. At the trial the weight of expert testimony was that a placenta might be retained *in utero* for more than a year after a miscarriage. The damage was laid at £5,000, but the jury awarded the unprecedented amount of £12,000. Upon application for a new trial this amount was reduced by agreement to £9,200. In any case, the defendant was mulcted in heavier damages than the plaintiffs had tried to obtain in the first instance. The reason for this is probably to be sought in the strong British prejudice against tattling about womankind. The Mordaunt case in 1870, made the Prince of Wales less unpopular, because it was held that the evidence he gave in the witness-box was the only evidence which a man of the world could give in the circumstances. The slanders which drove Lady Flora Hastings and the wife of Sir Travers Twiss from Queen Victoria's Court, and even the statements made against the actress Adelaide



*Thomas Percival*

Neilson, which also came to a legal test, were not regarded with favour by the English people. Women may gossip among themselves and malign other women, but a spy or he-gossip is usually regarded as a cad. A physician, at all events, should be neither spy nor he-gossip.

Returning once more to Percival, he recognized the effect of legislation and the progress of civilization upon the conduct and duty of the physician. He lamented, as we do to-day, the passing of the family doctor. Team work, clinics, hospitals, and statutory functions of local authorities have all worked in the same direction. Medicine is becoming more and more recognized as a profession catering for the people rather than for

individual ambition. Its aim, the prevention of disease, is its own end, as by preventing illness the doctor is removing his means of gaining a livelihood. Although the ideal of the prevention of disease is assuming greater importance, it is difficult for the practitioner wholly to support a process which involves the loss of his status as a curative practitioner, and he must therefore retain to a certain extent a financial interest in the ills of humanity. Nevertheless it is his duty so to conduct his practice that the conflict between his ideals and his material needs is reduced to a minimum, and he will find inspiration and guidance in the high ethical traditions which he has inherited from his predecessors reaching back to Hippocrates.

### CENTRAL ETHICAL COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION

When the British Medical Association was founded in 1832 it had for one of its objects "the maintenance of the honour and respectability of the profession." A little later in its history it established a Committee known as "a Committee on medical ethics" but now known as the Central Ethical Committee.

The actual circumstance that brought about the establishment of the original Committee derived from the action of a Branch in expelling a President Elect, on account of unprofessional conduct in consulting with an unqualified person.

The Central Ethical Committee reports to the Council of the Association and to the Representative Body on its work, and on ethical pronouncements relating to differing aspects of medical practice. Questions are addressed to the Committee by members and organisations seeking guidance to avoid criticism of acting unethically.

The Central Ethical Committee considers complaints by one member against another on the propriety of his alleged professional behaviour in stated circumstances. It affords a full opportunity to the complainant and the respondent to present their opposing points of view and evidence. Witnesses are allowed to attend to support the protagonists. In the ultimate the Committee makes a pronouncement on whether or not the respondent has been guilty of an ethical offence, and, if so, may censure or recommend the Council to expel the Member from the Association.

Over the years a large number of decisions have been promulgated and published to the profession. These deal with professional secrecy, covering unqualified persons, irregular medical certification, dangerous drugs regulations, rules pertaining to consultation, self-advertisement, appearance in a broadcasting programme, patenting in the medical field, dichotomy and a host of other matters too numerous to mention.

The Members of the Committee are drawn from a cross-section of the profession. They are practitioners who have engaged in the hurly burly of medical practice and are familiar with its temptations and difficulties. Those who appear before this body "on trial" can rest assured that they will be judged by

a Committee with personnel of the highest integrity who approach their duties in a quasi judicial manner, anxious at all times to maintain the honour and interests of the profession and to smooth out difficulties arising often from a failure to see the other person's point of view.

There are in addition Ethical Committees attached to each division or branch of the Association where local disputes are examined as in a Court of first instance. Dissatisfied participants have the option of appealing to the Central Ethical Committee. Occasionally when feeling runs high in a local area, the division elects, as it can, to have the matter adjudicated by the Central Ethical Committee and so remove all suspicion of bias or undue influence.

As evolution plays an important part in other branches of medical work, so, in ethics, the evolutionary process can be seen in operation. Professional opinions and customs change, consequently the ethical code must change. New situations call for a reorientation of ideas, or a departure from standards appropriate to earlier years. The Central Ethical Committee does not hesitate to readjust itself to modern conditions when re-adjustment is indicated.

### THE GENERAL MEDICAL COUNCIL

In 1858 the first Medical Act was placed on the Statute Book, whereby was established the General Medical Council charged with the responsibility of (1) keeping a Medical Register, (2) supervising the standards of instruction in medical schools, (3) preparing and issuing the British Pharmacopoeia and what is more pertinent to our consideration (4) maintaining discipline in the profession.

The General Medical Council is a body that can be regarded as protecting the interests of the public rather than those of the profession. From time to time it has made pronouncements on matters of an ethical order such as professional advertisement, the issue of medical certificates, notifications and medical reports, unqualified practice and the covering of unqualified or unregistered assistants, the contravention of the Regulations pertaining to dangerous drugs, canvassing for patients, the keeping of an open shop and association with unqualified women practising as midwives.

Some of these pronouncements are drawn together in a series of warning notices issued by the Council to members of the profession.

Under the Medical Acts (there have been many) the Council is authorised to erase the name of a practitioner who is convicted of a felony or misdemeanour in England, or of a crime or offence in Scotland or Northern Ireland. In addition it may receive a statutory declaration from a member of the public (medical or lay) alleging that a registered medical practitioner has acted in a manner calculated to be indicative of "infamous conduct in a professional respect." In these circumstances the Council, through its Penal Cases Committee, gives initial consideration to the facts alleged to determine whether there is a *prima facie* case to go to a hearing. If it decides affirmatively, the case is then sent to the Disciplinary Committee, consisting of nine or eighteen persons at the discretion of the President, who sits as the Chairman with a legal Assessor. This Committee affords to the contending parties a full opportunity to present the case for and against the charge. The Disciplinary Committee has power of subpoena and it administers the oath to witnesses.

The only penalty that the Committee can impose is that of erasure of the name of the offending practitioner from the Medical Register. An appeal from this decision can be received and heard by the Judicial Committee of the Privy Council. It often, however, suspends judgment on a case and requires the offender to appear before it after an interval of six months or a year to furnish reports on his conduct in the meantime. This particularly applies to persons who have been convicted of drunkenness whilst in charge of a car, and some other minor offences unworthy of the full penalty.

When a practitioner's name is erased from the Medical Register, he may further suffer the penalty of the withdrawal of his medical qualifications, according to the powers possessed by the Licensing Authority who gave him these qualifications. As an unregistered medical practitioner, he suffers certain dis-

abilities by withdrawal of legal authority to discharge certain medical duties. After a period of time the practitioner whose name has been erased may apply to the Council for its reinstatement in the Register.

There is a close liaison between the British Medical Association and the General Medical Council, and indeed so close that a complaint cannot in practice be lodged by the British Medical Association to the General Medical Council concerning a practitioner. Were a complaint lodged, it might result in the compulsory withdrawal from the hearing of that case of a large number of the members of the Disciplinary Committee owing to their membership of the Association acting as complainant.

The medical defence organisations frequently appear through their solicitors and counsel before the Disciplinary Committee alleging and seeking to prove misconduct on the part of a practitioner or defending a practitioner against whom such an allegation is preferred.

There is a constant confusion between the name of the British Medical Association and that of the General Medical Council and, even now, highly educated people and many press representatives are not fully aware of the wide difference of purpose, constitution and organisation applicable to these bodies.

There is a parallel that can be drawn between the British Constitution and medical ethics. In the former as in the latter there is a great deal that is unwritten though accepted by use and custom from time immemorial as being part and parcel of a code of conduct that must be observed in the affairs of men in their social and business relationships with one another. This is a *lex non scripta*. Some dicta concerning ethical behaviour have been reduced to ethical rules just as certain accepted forms of practice and obligations have been incorporated in Acts of Parliament and Statutory regulations. There is much that remains outside the ethical rules where principles have to be applied to learn the path to be followed and where conscience is the final arbiter.

*The first part of this article has appeared in the British Medical Journal and is reprinted by kind permission of the editor.*

*The illustration was supplied by the Wellcome Historical Museum. The original is a painting in the possession of the Manchester Philosophical Society.*

## A CASE OF HYPERPARATHYROIDISM

by P. J. SCOTT AND C. B. S. WOOD

*The earliest symptoms rarely lead to diagnosis. They may be recognised in retrospect as an accompaniment of hypercalcaemia, and include muscular weakness, nausea, anorexia, constipation, and bone pain.\**

A MARRIED WOMAN of 35 presented herself in Out-patients in April, 1955, complaining of low back pain. She dated her symptoms from a miscarriage in the eighth week of pregnancy one year previously. She had one daughter of 16, and these were her only two pregnancies.

In 1949 she had been admitted to the Royal Free Hospital with right-sided renal colic, and had spontaneously passed a ureteric calculus.

Following her miscarriage in the spring of 1954, she began to have aching pain in the lower back, brought on by walking and relieved by rest, and which was more severe two days before her menstrual periods. When severe the pain would pass down both legs and round into both groins. Salicylates and codeine gave her little relief. The pains became progressively worse, and by Christmas 1954, eight months after her miscarriage, she could hardly sit down, walk, or indeed move her legs at all during bad attacks, and she gave up her job.

Since the summer of 1954 she had had swelling of her ankles, brought on by exercise, and relieved by rest, and had been having to get up two or three times at night to pass her water. She was not short of breath and had no other urinary symptoms.

In January, 1955, she was seen at another London teaching hospital complaining of pain in her right lower chest, abdomen and groin—unlike her previous renal colic. She was found to have some tenderness in the right hypochondrium and right iliac fossa. Her haemoglobin was 61 per cent, and a catheter specimen of urine showed a trace of albumin, occasional leucocytes and red cells, and hyaline and granular casts. Chest X-ray and I.V.P. revealed no abnormality. The urine was examined by smear, culture and guinea-pig inoculation for tuberculous infection, all with negative results. Her E.S.R. was 8 mms per hour.

In March, eleven months after her miscarriage, she had a constant pain in her back

and lower limbs, made worse by exercise but no longer relieved by rest, and began to have similar pains in both her shoulders and her left elbow. The pain was little affected by salicylates, and kept her awake at night.

In April she was seen at this Hospital, complaining of pain as described, with consequent difficulty in walking, sitting and sleeping, ankle swelling on exercise, and nocturia. She admitted to occasional mild spasmodic dysmenorrhoea, to occasionally noticing a slight swelling in the front of her neck, and said that she had always been constipated and taken laxatives. She had no other urinary, cardiovascular, or other symptoms, and had not been losing weight. She was noted to have difficulty in flexing the hips, carious teeth, and a palpable, diffusely enlarged thyroid gland. Her haemoglobin was 84 per cent, W.B.C. 8,000, and W.R. negative. It was thought that she might have pelvic inflammatory disease with secondary arthritis, and she was referred to the Gynaecological Clinic, where no abnormality was found, but a gonococcal complement fixation test was suggested. This was done and proved negative.

X-rays of her hips and lumbar spine showed some degree of osteoporosis of the pelvis and femora. Subsequent X-rays of the spine, skull, and hands showed widespread osteoporosis and multiple fractures of the ribs; the changes in the skull and hands being practically diagnostic of hyperparathyroidism. There was also very characteristic subperiosteal resorption of bone and typical lace-like osteoporosis in the phalanges of the hands.

She was admitted to Garrod Ward, and it is interesting to note that at this time she located the pain in her lumbar region, hips, knees, ankles, shoulders and left elbow, and it was even possible to elicit a history of redness and swelling of the affected joints. She also said that her bones seemed tender, and she admitted to nocturia and constipation. She had no symptoms of thyrotoxicosis.

On examination, springing of her pelvis and the lower parts of her legs caused pain, and a soft, smooth, diffuse enlargement of both lobes and the isthmus of her thyroid was found; but no other physical signs.

The mean value of six estimations of her serum calcium was 14 mgms per cent and of

operation was carried out. This revealed on the posterior aspect of the lower part of the right lobe of the thyroid gland a small tumour three quarters of an inch in diameter, which was removed. Histological section showed a well-circumscribed adenoma of the parathyroid with no evidence of carcinomatous



*X-ray of fingers showing sub-periosteal resorption of bone (arrow) and lace-like osteoporosis in the phalanges.*

the serum phosphorus 2 mgms per cent. The serum alkaline phosphatase was 54.5 K-A units. The 24-hour urinary excretion of calcium was 460 mgms (normal maximum, 300 mgms) and the more easily performed Sulkowitch test gave a thick turbidity with the urine as compared with tapwater, indicating excessive calcium excretion.

After a two-week course of calcium and calciferol to improve her calcium balance as much as possible, she was transferred to Lawrence Ward, and an exploratory neck

change. Section of a nodular portion of the left upper lobe of the thyroid, removed at the same time, showed normal thyroid tissue with little evidence of cellular hyperplasia.

Post-operatively the serum calcium fell to 8 mgms per cent and she developed a positive Chvostek's sign, and paraesthesiae of her hands and forearms. She was discharged on calcium gluconate and calciferol.

This case is presented as an illustration of the difficulty in the early diagnosis of the condition. At the present time 60 per cent

of patients with proved primary hyperparathyroid disease show no bony disease, but present with nephrolithiasis. Primary hyperparathyroidism probably accounts for as much as 5 per cent of all nephrolithiasis.<sup>1</sup>

In this case the bone changes were picked up by skilled radiology and revealed the diagnosis, which was later confirmed by the biochemical changes; but in many cases the severity of the bone disease bears no relation to the severity of the chemical lesion.<sup>2</sup> This is well illustrated by another case—a woman of 57 from whom a parathyroid adenoma was removed this year at another hospital. She presented with renal colic and calculi, and had had a renal calculus removed for renal colic 20 years ago after her only pregnancy. Her serum calcium before operation was 13.4 mgms per cent, and her 24-hour excretion, 326 mgms, with a normal serum alkaline phosphatase. Extensive radiography, including her skull and hands, revealed no significant bone changes, and her only symptom attributable to hypercalcaemia was mild constipation.

In conclusion, a little more stress might be laid upon the significance of renal symptoms,

not only in diagnosis, but also in prognosis. One authority estimates an incidence of nephrocalcinosis of 80 per cent of all cases of hyperparathyroidism<sup>3</sup>, and another quotes one fatal and one severe case of progressive renal disease even following parathyroidectomy.<sup>4</sup>

#### ACKNOWLEDGMENT

We are very grateful to Professor Sir James Paterson Ross and Dr. Graham Hayward, who treated this patient, for encouraging us to write this account, and for much kindly guidance in its preparation.

#### REFERENCES

- \* Thorn, Forsham and Goldfein, *Harrison's Principles of Internal Medicine*. 2nd Edition, H. K. Lewis, London, 1954, p. 628.
- <sup>1</sup> Croldman, *Surgery, Gynaecology and Obstetrics*, 100, 1955, 689.
- <sup>2</sup> Albright, Sulkowitch and Bloomberg, *American Journal of Medical Science*, 193, 1937, 800.
- <sup>3</sup> Black, B. M., *Hyperparathyroidism*, American Lecture Series Publication No. 173, Springfield, Ill., 1953.

#### Births

CONNELL.—On August 19, to Marjorie (née Gilham) and Dr. Philip H. Connell, a brother for Michael.

DEWS.—On July 28, to Edmund and Dr. Lore Dews (née Feldberg), a daughter (Diana Caroline).

GREY-TURNER.—On August 31, to Lilias (née Tomlinson) and Dr. Elston Grey-Turner, a son.

LEVIN.—On August 21, to Alice (née Rudinger) and Dr. Arthur Levin, a daughter.

MASKELL.—On August 4, to Rosalind (née Newcastle) and Dr. John Maskell, a son (Giles Francis).

STEEL.—On August 25, to Rosamund (née Sapwell) and Dr. Peter Steel, a daughter.

THOMSON.—On June 3, to Dora and Dr. W. McL. Thomson of Premaydene, Tasmania, a daughter (Piona Mary).

#### Engagements

MURLEY-MACDONALD. The engagement is announced between Mr. A. H. G. Murley, F.R.C.S. and Miss A. T. Macdonald, B.A.

NYE - MAHALSKI. The engagement is announced between Mr. E. R. Nye and Miss P. A. Mahalski.

STURDY-GILLIBRAND. The engagement is announced between Dr. D. C. Sturdy and Miss S. C. Gillibrand.

#### Deaths

GRiffin. — On July 28 at Bourne Crest, Farnham, Surrey, Walter Bristow Griffin, F.R.C.S. Qualified 1907.

MARTIN-JONES.—On July 24 at Salisbury. J. D. Martin-Jones, M.R.C.S., L.R.C.P., aged 48. Qualified 1934.

## A FAMOUS PATIENT

### NICHOLAS HART—THE GREAT SLEEPER

NICHOLAS HART became the subject of general notice and conversation, from the circumstance of a lethargic fit, that seized him on the 5th of August, 1711, to the 11th of the same month. His friends, after having tried every means in their power to rouse him

him, by confederate knaves, as an object of charity and commiseration. In his speculation, Mr. Hart entirely succeeded; and, it seems, from the symptoms of his periodical sleeping fit, faithfully detailed by a gentleman of Lincoln's Inn\*, that Hart slept in order to



*Nicholas Hart*

from the dormant state he lay in, had him conveyed to St. Bartholomew's Hospital, where he remained during the above period, without taking the least refreshment of any kind whatever, excepting sleep; though several experiments were made on his person to promote resuscitation.

It appears, however, there was a greater portion of art than nature in his unnatural slumber; and that he had purposely taken narcotic drugs, to produce the effect desired, namely, to procure money to be raised for

be maintained in ease and comfort when he awoke, and that he gained more by his rest than others by their industry; and, in short, wealth flowed so fast upon him, that he obtained sufficient to support others, besides saving his own provisions, while he carried on his profitable farce! What use Hart put the money to he had thus raised we are not informed; but Mr. Addison, in noticing the circumstance, says, "Nicholas Hart, who slept last year in St. Bartholomew's Hospital, intends to sleep this year at the Cock and

Bottle, in Little Britain," probably glancing at a similar attempt to raise contributions on the credulous part of the community.

\* The symptoms this gentleman observed in Hart were, that

"On the first of the month he grew dull,  
On the second appeared drowsy,  
On the third fell a yawning,  
On the fourth began to nod,  
On the fifth dropped asleep,  
On the sixth was heard to snore,  
On the seventh turned himself in his bed,  
On the eighth recovered his former posture,  
On the ninth fell a stretching,  
On the tenth about midnight awoke,  
On the eleventh in the morning, called for a  
little small beer."

The same gentleman observes, "I believe it a very extraordinary circumstance for a man to gain his livelihood by sleeping, and that rest should procure a man sustenance, as well as industry; yet so it is, that Nicholas Hart got last year enough to support himself for a twelvemonth;" and adds, "I am informed that he has had this year a very comfortable nap."

The experiments to promote resuscitation were probably of a similar kind to those used by M. Brady, Physician to Prince Charles of Lorrain, on Elizabeth Alton, another extraordinary sleeper; though it would appear, if the following account is to be trusted, that in her case the underlying pathology was something more than the love of gold.

A woman, named Elizabeth Alton, of a healthful strong constitution, who had been servant to the curate of St. Guilain, near the town of Mons, about the beginning of 1738, when she was about thirty-six years of age, grew extremely restless and melancholy. In the month of August, in the same year, she fell into a sleep which held four days, notwithstanding all possible endeavours to awake her. At length she awoke naturally,

but became more restless and uneasy than before; for six or seven days, however, she resumed her usual employments, until she fell asleep again, which continued eighteen hours. From that time to the year 1753, which is fifteen years, she fell asleep daily about three o'clock in the morning, without waking until about eight or nine at night. In 1754, indeed, her sleep returned to the natural periods, for four months, and, in 1748, a tertian ague prevented her sleeping for three weeks.

On February 20, 1755, M. Brady, with a surgeon, went to see her. About five o'clock in the evening, they found her pulse extremely regular; on taking hold of her arm it was so rigid, that it was not bent without much trouble. They then attempted to lift up her head, but her neck and back were as stiff as her arms. He hallooed in her ear as loud as his voice could reach; he thrust a needle into her flesh up to the bone; he put a piece of rag to her nose flaming with spirits of wine, and let it burn some time, yet all without being able to disturb her in the least. At length, in about six hours and a half, her limbs began to relax; in eight hours she turned herself in the bed, and then suddenly raised herself up, sat down by the fire, ate heartily, and began to spin.

At other times, they whipped her till the blood came; they rubbed her back with honey, and then exposed it to the stings of bees; they thrust nails under her finger-nails; and it seems these triers of experiments consulted more the gratifying of their own curiosity than the recovery of the unhappy object of the malady.

(From "Memoirs of Remarkable Persons")

### SO TO SPEAK . . .

They stop at nothing these days

CHIEF ASSISTANT: "Tell me, madam, have you been treated here before?"

OLD DEAR: "Oh! yes, doctor. I had my tonsils removed by the T.N.T. specialist."

## SPORTS NEWS

## CRICKET

## 1st XI RESULTS :

**Cup Match** : v. U.C.H. June 2 at Chislehurst. U.C.H. 153 out; Bart's 127 out (Nichols 48). Lost.

v. Horlicks C.C. June 12 at Slough. Horlicks 155—8 dec. (Batterham 3 for 10); Bart's 52 out. Lost.

v. Old Roans C.C. June 19 at Chislehurst. Old Roans 201—7 dec. (Bloomer 6 for 69); Bart's 197—8 (Nichols 75, Marks 44). Drawn.

v. Hornsey C.C. July 2 at Hornsey. Hornsey 146—6 dec.; Bart's 106 out (Batterham 51). Lost.

v. Past July 3 at Chislehurst. Past 173 (A. Clapham 41 n.o., Nichols 5 for 52); Present 166 (Bloomer 53). Lost.

v. Incogniti C.C. July 9 at Chislehurst. Bart's 167—9 dec. (Nicholson 39); Incogniti 168—6 (McKenzie 5 for 57). Lost.

v. Hampstead C.C. July 10 at Chislehurst. Bart's 115; Hampstead 117—3. Lost.

v. R.N.V.R. July 24 at Old Paulines' Ground. R.N.V.R. 149 (Bloomer 5 for 52); Bart's 110. Lost.

## THE SUSSEX TOUR

v. Hurstpierpoint C.C. July 31. Hurstpierpoint 93 (Nichols 5 for 25); Bart's 94—8 (McKenzie 30 n.o.). Won.

v. St. Andrew's, Burgess Hill. August 1. St. Andrew's 235—8 dec.; Bart's 199 (Downham 44). Lost.

v. Rottingdeane C.C. August 2. Rottingdeane 220—9 dec.; Bart's 54 out. Lost.

v. Littlehampton C.C. August 3. Littlehampton 95 (Nichols 4 for 6); Bart's 97—5. Won.

v. Barcombe C.C. August 4. Barcombe 191; Bart's 125. Lost.

v. Keymer and Hassocks C.C. August 5. Bart's 213—8 dec. (Nichols 52 n.o., Nicholson 43); Keymer and Hassocks 121 (Nichols 4—22). Won.

## THE CUP MATCH

The Cup Match was played at Chislehurst on Thursday, June 2, Bart's were without two regular members of the team — their Captain, J. R. Nicholson; and D. Rosborough. U.C.H. won the toss and elected to bat. After an early success by Garrod, both he and McKenzie settled down to some accurate bowling; scoring was slow. The second wicket put on 37, but it was the third wicket partnership of 66 which laid the foundations of U.C.H.'s innings. After lunch the last five U.C.H. wickets fell for the addition of only 48, thanks to some fine bowling by Bloomer, Nichols and McKenzie. Thus at 4 o'clock, Bart's were set to get 154 runs to win. The two U.C.H. bowlers bowled unchanged and

proved to be too much for most of the Bart's batsmen, only Nichols, Bower and Batterham offering any serious resistance. Nevertheless the game remained in the balance until the last wicket fell, 16 runs short of the U.C.H. total.

**CUP TEAM**: A. C. S. Bloomer (Capt.), G. B. Gillett, A. P. Marks, D. W. Downham, J. C. McKenzie, J. Nichols, H. Bower, J. Owens, A. Garrod, J. Batterham, R. Bonner-Morgan.

## Leading Averages

## BATTING :

	Inn.	out	Not	Highest	Runs	Av.
J. Nichols	19	2	75		459	27.00
H. Bower	18	0	78		357	19.83

## BOWLING :

	Overs	Mdns.	Runs	Wkts.	Av.
J. C. McKenzie	188	47	506	36	14.25
J. Nichols	208.4	41	581	38	15.26

## Analysis of Results

Played 22, Won 6, Lost 13, Drawn 3.

## TENNIS

The tennis season to date has proved rather disappointing. In previous years many matches had to be cancelled because of rain; however, despite this year's fine weather, a number of matches were not played. Some were cancelled because of travelling difficulties during the rail strike; but the majority were cancelled, invariably at the last moment, by the opposing teams who found that they were unable to raise a team. It is incredible that institutions with two hundred students are unable to find six people willing to play tennis; however, such is the case, for six of our 1st VI matches were cancelled for that reason.

Results this season show that although Bart's are able to raise two teams consistently throughout the season, they are not always capable of providing a winning side.

**1st VI results** : Matches played 10; won 4, lost 5, drawn 1. Matches cancelled, 8.

In fairness to the players it must be noted that invariably the matches were closely fought, the result being undecided until the last game. Of the individual matches played, that against Hampstead West Heath L.T.C. springs to mind as an enjoyable social and sporting contest; so does that against the Roehampton Club, when we played on the courts used for the preliminary rounds of Wimbledon.

The 2nd VI had a more successful season although, again, this was spoilt by cancellation of matches.

**2nd VI Results** : Matches played 4, won 3, lost 0, drawn 1. Matches cancelled, 4. (A few matches are still to be played.)

## FENCING

The results of the fencing matches for the latter part of the season are as follows:

v. **Westminster Hospital.** 4 F. Fights 8-8. Won on hits 50-51.

This is the first time since the Club was formed that a second team match has been fought. A very enjoyable evening was spent, though the lack of an experienced president prolonged the length of the match. Spurred on by this relative success a beginners' fixture was arranged with the Middlesex Hospital; unfortunately this had to be cancelled due, indirectly, to the railway strike.

v. **London School of Economics.** 4 F. Fights 8-8. Won on hits 50-59.

This match, the first round of the de Beaumont Trophy, was keenly fought throughout and the finish was very close.

v. **St. Thomas's Hospital.** 4 F. Lost 14-2.

St. Thomas's won in a leisurely style due to their undoubted superiority and our lack of training. This match was the second round of the de Beaumont Trophy, which St. Thomas's went on to win.

Several members of the Club went to Chelsea Town Hall in June for the Couble Memorial Cup individual sabre competition. The Hungarians, who are perhaps the leading exponents of sabre fencing, were very much in evidence and succeeded in taking five of the first seven places.

It is hoped that anyone new to Bart's who is interested in fencing will come to the Annual General Meeting or to one of the training afternoons (Details are given on the Notice Board). Previous experience is definitely not essential, but novices are warned that they cannot expect to execute the more spectacular movements *ab ovo*.

## HOCKEY

At the Annual General Meeting of the Club the following Officers were elected for the year 1955-56:—

President : Prof. Sir James Paterson Ross.

Vice-Presidents : Professor A. Wormall, Dr. G. Ellis, Mr. P. H. Jayes, C. B. T. Grant, Esq.

Captain : R. P. Doherty.

Secretary : J. B. Nichols.

Match Secretary : D. R. Dunkerley.

Financial Secretary : C. S. Goodwin.

Preclinical Reps. : D. S. Wright, J. A. Garrod.

The resignation of Dr. Cunningham from Vice-Presidency, due to his appointment at the Royal College of Surgeons, was accepted with regret. The Club Committee wish to thank Professor Cunningham for his sustained enthusiasm and the help which he gave to the Club whilst in office.

In the coming season a full fixture list has been arranged for both 1st and 2nd XI's, and in addition a team has been entered for the Bournemouth six-a-side tournament on September 24. The 1st XI will go on tour to Cambridge from November 4-7.

Prospective members are asked to get in touch with one of the committee members. New players from among the pre-clinical students will be particularly welcome.

## Six-a-Side Tournament at Bournemouth

A team was entered for the Bournemouth Tournament on the 24th September. The team, despite rigorous training, achieved no greater success than that of last year as far as results show. It was defeated by Stoats 1-2 in the first round, and lost to Bournemouth, 1-2, in the Plate competition.

However, it was encouraging to see that the team had grasped some of the special skills of six-a-side hockey. In the match against Stoats, luck and a penalty Bully went against the Hospital. Batterham scored our only goal from a well angled shot; but apart from this finish was lacking. In the game against Bournemouth Batterham put the Hospital ahead; but the Hospital tired and mistakes in defence cost two goals. With two years of six-a-side hockey behind them, there is hope that Bart's will do better next year.

TEAM : J. B. Nichols, C. S. Goodwin, C. B. T. Grant, E. J. Batterham, D. R. Dunkerley, A. S. Tabor.

## RUGBY

### 1st XV Fixtures for 1955-56

Sept. 21	Berkshire Wanderers	A
" 24	Stroud	H
Oct. 1	Trojans	A
" 8	Woodford	H
" 15	R.M.A. Sandhurst	A
" 19	Cambridge LX Club	A
" 22	Old Whigiftians	A
" 29	U.S. Chatham	A
Nov. 5	Penzance	A
" 7	Devonport Services	A
" 9	Paignton	A
" 12	Rugby	H
" 19	Old Alleynians	A
" 26	Metropolitan Police	A
Dec. 3	Esher	A
" 10	Saracens	H
" 17	Old Cranleighans	H
" 31	Middlesex Hospital	A
Jan. 7	Old Rutlishians	A
" 14	Taunton	A
" 18	London University	H
" 21	Cheltenham	A
" 28	Oxford Greyhounds	A
Feb. 4	Old Merchant Taylors	A
" 11	Old Paulines (a.m.)	A
" 18	Streatham	A
" 25	Old Haberdashers	H
Mar. 3	Old Millbillians	H
" 10	Loughboro' College	H
" 17	Aldershot Services	H
" 24	Harlequin Wanderers	A

## HOSPITAL APPOINTMENTS

### Medical Unit

#### Director.

Dr. E. F. Scowen from 1.10.55  
(vice Professor R. V. Christie)

### Harvey and Luke Wards

#### Physician

Dr. R. Bodley Scott from 1.10.55  
(vice Dr. E. F. Scowen)

### Dr. Bourne's Firm

#### Acting Assistant Physician

Dr. J. M. S. Knott (Casualty Physician),  
Temporary Acting Assistant Physician in  
addition to his duties as Casualty Physician.

#### Chief Assistant

Dr. J. P. D. Thomas from 1.10.55 (vice  
Kok).

#### Junior Registrar

Dr. G. C. R. Morris from 1.10.55 (vice  
Dossetor).

### Surgical Professorial Unit

#### Assistant Surgeon

Mr. G. W. Taylor from 1.7.55 (succeeds  
Mr. Kinmonth).

### Mr. Hosford's Firm

#### Chief Assistant

Mr. N. A. Green from 1.10.55 (vice  
Robinson).

### Mr. Corbett's Firm

#### Chief Assistant

Mr. R. M. T. Walker-Brash from 1.6.55.

#### Junior Registrar

Mr. R. V. Fiddian from 1.9.55 (vice Philip)

### Orthopaedic Department

#### Chief Assistant

Mr. J. N. Aston from 17.10.55 (vice  
Shephard).

### Pathology Department

#### Senior House Officer

Mr. R. G. Huntsman from 1.7.55.

#### Senior House Officer

Mr. B. S. Jones from 1.10.55 (vice Rees).

### Anaesthetics Department

#### Senior House Officer

Mr. T. M. Young from 1.9.55.

#### Senior House Officer

Mr. J. P. N. Hicks from 1.9.55.

### Radiotherapy Department

#### Senior House Officer

Mr. H. Horwitz from 1.10.55.

## RECORD REVIEWS

### HAYDN

**Symphony No. 88 in G major (Letter V)**

Op. 56, No. 2.

**Symphony No. 101 in D major (The Clock)**

Op. 95, No. 2.

**The Vienna Philharmonic Orchestra conducted by  
Karl Münchinger. L.P., 12in. LXT 5040.**

Some uncomplimentary things have been said about this recording, and so when I came to listen to it for the first time, I expected something rather poor. However, although this is certainly not an outstanding recording, I did not think it was as bad as all that.

I liked the First Movement of No. 88; there

is plenty of life and bite about it; the Second Movement, however, is rather disappointing. It is not intense enough, and towards the end appears to drag. Mr. Münchinger tries to make the Minuet of the Third Movement grand and pompous; the result is rather heavy, but amends are made in the last movement, which just bubbles with good humour.

The "tick-tock" of the "clock" in the Slow Movement of No. 101 is played delightfully: the bassoon and strings give that air of unhurried precision and regularity. The Minuet is again rather ponderous, lightened a little by a delicately played Trio. The First and Last Movements are adequate.

**HANDEL****Concerti Grossi. Opus 6.**

No. 5 in D. major. No. 6 in G. minor.  
No. 7 in B Flat major. No. 8 in C. minor.

**The Boyd Neel String Orchestra conducted by  
Boyd Neel. Harpsichord: Thurston Dart.**  
L.P.: 12in. LXT 5042.

The twelve Concerti Grossi from Opus 6 are available on three L.P. 12in. records. This, the second in the series, carries numbers 5—8.

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Although these arrangements by Rawicz and Landauer are reminiscent of the Music Hall, the Strauss melodies are unspoiled: actually, the occasional use of the arpeggio accompaniment by the second piano is most effective.

Throughout, these two artists play perfectly together, changes in time causing no difficulty. I was also impressed by their delicate playing in the quieter passages, and the way that they get the buoyant rhythm in the waltzes, by giving the lift on the second and third beats of the bar.

However, after forty minutes of Strauss, I was beginning to wish that they would play something by somebody else.

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*The following have completed the examination for the Diplomas M.R.C.S., L.R.C.P.*

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## BOOK REVIEWS

### COMMON SKIN DISEASES

By A. C. ROXBURGH, M.A., M.D.(Cantab.), F.R.C.P.(Lond.). H. K. Lewis & Co., Ltd., London. 1955, pp. xxxi + 515. 8 colour plates: 214 illustrations.

THE AUTHOR dedicated every edition of this book to his clinical clerks, and it was only a day or so after he had made the final corrections to the proofs of this edition that we learned with great sorrow of his sudden death. Roxburgh's text book has served many generations of clinical clerks since it was first published in 1932, and they have carried it with them and used it gratefully when they have left the Hospital and gone into practice not only in England but in many places in the world. This volume is a worthy successor to its predecessors.

The particular appeal of the work is that it is essentially practical; it embodies a certain amount of theory, but this is always applied to practical ends. As an example one may quote from p. 463 where, after discussing the nature and use of extracts made from the plant *Ammi majus*, the author writes: "This treatment cures about 15 per cent, improves another 15 per cent of cases, and relapses may occur even in these, so it is not of much practical use at present." It is seldom that one finds such a direct and informative statement which tells the reader, without any quibbling, exactly what he wants to know. In other parts of the book information is given as succinctly.

Besides small insertions through the book to bring it up to date, the principal change is the addition of paragraphs which deal with the following: the latest antibiotics, cortisone and ACTH, the L.E. cell, Bisgaard's treatment of varicose ulcer, the use of isoniazid in lupus vulgaris and of mepacrin in lupus erythematosus, keratoacanthoma, malignant melanoma, dermatitis due to detergents, ocular lesions in rosacea and recent work on the histology of pemphigus, pemphigoid and dermatitis herpetiformis and on phrynodermia and dysidrosis.

The scope embraces all dermatological subjects which the general practitioner is likely to require. The book is excellently produced, and the illustrations, the majority

*Continued overleaf*



### The Bacterium at the Breakfast Table

"Eat up your nice flannel," the clothes-moth is credited with saying to her child, "or you won't get any mink."

Bacteria have no mothers. They merely split into two, and it would puzzle even a Freudian to discern a mother-child relationship between the halves. This method of reproduction, besides sparing them many complexities, enables them to eat whatever they like. Nature, however, is a universal mother, and one of the old school; she sees to it that they eat the right things, or else.

I need hardly remind you that the bacteria which cause disease are very fond of batteening on the likes of you and me. And what is it, you may well ask, that they find so delicious?

Well, one of the things, which it seems we keep always on the menu, is known to biochemists by the insufferable name of . . .

*If only we had space for the rest of this instructive medical essay, which appeared originally in The Times, you could read it here. What we have got, however, is a collection of these diverting articles from the same celebrated pen. Would you like a copy of "The Prosings of Podalirius"? Just drop us a card at the address below.*

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from photographs taken by the author, are remarkable. The index shows the same high standard as the text. Undoubtedly an 11th edition will be required, and whoever undertakes this task will find it difficult to improve in any way on the standards set by Dr. Roxburgh; he will do well if he can maintain the work at its present high level.

R. M. B. MACKENNA.

**MODERN TRENDS IN GASTRO-ENTEROLOGY.** Edited by F. Avery Jones. Butterworths Ltd.

Dr. Avery Jones has certainly achieved his aim in the production of this work, and recent progress in the field of gastro-enterology has been skilfully presented against a background of established knowledge. Although the Editor makes no claim that the book is completely comprehensive, there is in fact very little in this branch of medicine which has not received adequate mention. The 45 well-known contributors are to be congratulated on the stimulating and lucid manner in which they have presented their subject, and the reader cannot fail to be impressed either by the advances of recent years or by the scope for further research in the future. In a work of such an uniformly high standard, it may be considered invidious to mention any section specifically, but of particular interest are the chapters on diaphragmatic hernia, fat absorption and steatorrhoea, and the relationship between the alimentary tract and the cardio-

vascular system in disease.

Criticism of a few minor points is all that is possible. Dr. K. D. Keefe might have mentioned the occasional acute abdominal emergency produced by leakage from or rupture of an arteriosclerotic abdominal aneurysm, and Mr. R. T. Payne could have included treatment with Hexamethonium compounds as a cause of xerostomia. Mr. R. Belsey, in his section on hiatus hernia, is rather scornful of medical treatment but he is, at the same time, unable to be dogmatic about the results of surgery. Mr. G. H. Wooler gives very scanty details of the medical treatment of cardiospasm and Mr. Ivor Lewis mentions the pre-operative use of Digitalis in patients undergoing surgical operations in close proximity to the heart. Quinidine would probably be a more rational drug to use in such cases. Dr. W. T. Cooke is surely in error in stating that an M.C.H.C. below 28% is the indication for giving iron to an anaemic patient—a figure below 32% is usually taken to mean iron deficiency.

These critics apart, the book deserves nothing but praise. Each section has a comprehensive bibliography and the technical production is in keeping with the high standard associated with the name of Butterworth. Dr. Avery Jones is to be congratulated both on his choice of collaborators and their subjects. As he points out in his introduction, gastro-enterology is not yet an established specialty in this country, but this work has surely brought us nearer to the day when that state of affairs will no longer obtain.

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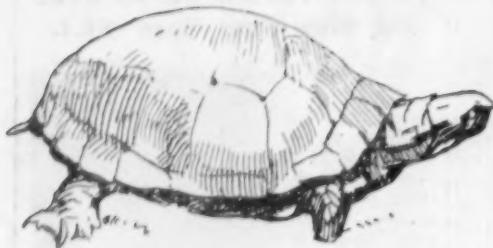
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